

Local Wellness Policy Implementation Grant Data Report

Status of Local Wellness Policy Adoption and Implementation among Michigan Local Education Agencies

October 2007



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EXECUTIVE SUMMARY

The Michigan Department of Education (MDE) was awarded approximately \$80,000 through the United States Department of Agriculture's Local Wellness Policy Implementation Grant. The purpose of the grant was to encourage Local Wellness Policy (LWP) adoption and implementation among Michigan local educational agencies (LEAs). One component of the grant included a review of LWPs adopted by Michigan LEAs.

A total of 1,022 Michigan LEAs are currently participating in the National School Lunch Program or Special Milk Program authorized by the Richard B. Russell National School Lunch Act (42 U.S.C.1751 et seq.) or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) and are required to develop and adopt a LWP.

To assess the status of LWPs in Michigan, MDE's Office of Grants Coordination and School Support surveyed all LEAs, required to adopt a LWP, through its Child Nutrition Application Program (CNAP). The CNAP is a Web-based, electronic application system for sponsors of the National Lunch Program, School Breakfast Program, Afterschool Snack Program and Special Milk Program. In addition, MDE telephoned all LEAs without LWPs in place as of January 2007, to offer technical assistance. The results from this data include the following:

- Of the 1,022 LEAs required to have a LWP, 872 (85%) have one established and MDE has a copy or they are in the process of being collected.
- Only 150 LEAs are without a LWP (8 public school districts, 27 public school academies, 74 private school districts, and 41 residential child care institutions).
- Public school districts were more aware of the LWP, the federal law, and its requirements than public school academies, private school districts, and residential child care institutions.
- Many private school districts and residential child care institutions believed that the LWP did not apply to them or they were covered under the public school district's policy.
- Of those with a LWP, 58% have a method to measure the implementation of their policy.
- Of those with a LWP, 23% indicated that they are not experiencing any barriers related to the implementation of their policy.
- When barriers were identified, 37% indicated the lack of funding to implement the changes as the problem.
- Of those with a LWP, 86% reported that it was too early to know if there are any positive changes or that no positive changes have resulted yet from LWP implementation.

INTRODUCTION

The Child Nutrition and WIC Reauthorization Act of 2004 was signed by President George Bush on June 30, 2004. It includes the requirement that each local educational agency participating in the National School Lunch Program or Special Milk Program authorized by the Richard B Russell National School Lunch Act (42 U.S.C.1751 et seq.) or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) establish a LWP policy by July 1, 2006.

On July 25, 2005, the Michigan Department of Education (MDE) released Food Service Administrative Policy Number 3, School Year 2005-2006, which targeted school food authorities and detailed the requirements of the law. On October 11, 2005, the Michigan State Board of Education adopted a Model Local Wellness Policy. The model policy was developed by MDE in collaboration with organizations, educators, and concerned citizens, to assist LEAs in Michigan with the development of their LWP.

STATUS OF LOCAL WELLNESS POLICIES IN MICHIGAN

A total of 1,022 Michigan LEAs are required to develop and adopt a LWP. To track LWP's in Michigan, MDE's Office of Grants Coordination and School Support surveyed all LEAs required to adopt a LWP through its Child Nutrition Application Program (CNAP). In addition, MDE telephoned all LEAs without LWPs in place as of January 2007 to offer technical assistance. The results from this data collection are included in the following charts:

Total number of LEAs with a LWP as of December 31, 2006.	677
Total number of LEAs without a LWP after initial survey, as of December 31, 2006.	345
Breakdown of LEA type without a LWP in place after December 31, 2006 initial survey.	
Public school districts without a LWP.	73
Public school academies without a LWP.	53
Private school districts without a LWP.	144
Residential child care institutions without a LWP.	75

After contacting the 345 LEAs who initially reported not having a LWP in place, the number of LEAs with LWPs significantly increased.

Total number of LEAs with a LWP as of July 1, 2007.	872
Total number of LEAs without a LWP as of July 1, 2007.	150
Breakdown of LEA type without a LWP in place after July 1, 2007.	
Public school districts without a LWP.	8
Public school academies without a LWP.	27
Private school districts without a LWP.	74
Residential child care institutions without a LWP.	41

The following four charts describe data elements for the 872 LEAs with LWPs in place as of July 1, 2007.

Chart 1:

LEA Designated Person Measuring LWP Implementation					
	Public School District	Public School Academy	Private School District	Residential Child Care Institution	Total
	N=554	N=121	N=154	N=43	N=872
Superintendent	302 (55%)	36 (30%)	16 (10%)	3 (7%)	357 (41%)
Assistant Superintendent	46 (8%)	2 (2%)	1 (1%)	2 (5%)	51 (6%)
Food Service Director	85 (15%)	46 (38%)	19 (12%)	6 (14%)	156 (18%)
Board Member	4 (1%)	1 (1%)	4 (3%)	0	9 (1%)
Leader of Local Wellness Policy Team	1 (0%)	2 (2%)	1 (1%)	1 (2%)	5 (1%)
Don't Know	4 (1%)	1 (1%)	2 (1%)	4 (9%)	11 (1%)
Other	110 (20%)	32 (26%)	111 (72%)	27 (63%)	280 (32%)
No response	2 (0%)	1 (1%)	0	0	3 (0%)

Chart 2:

LEA Plan For Measuring LWP Implementation					
	Public School District	Public School Academy	Private School District	Residential Child Care Institution	Total
	N=554	N=121	N=154	N=43	N=872
We have not developed a plan to measure implementation	183 (33%)	21 (17%)	41 (27%)	13 (30%)	258 (30%)
All School principals will be responsible to measure implementation at their buildings	236 (43%)	43 (36%)	59 (38%)	4 (9%)	342 (39%)
We have developed a tracking tool to measure implementation	72 (13%)	23 (19%)	45 (29%)	23 (54%)	163 (19%)
Other	57 (10%)	32 (26%)	9 (6%)	3 (7%)	101 (11%)
No response	6 (1%)	2 (2%)	0	0	8 (1%)

Chart 3:

LEA Perceived Barriers With LWP Implementation					
	Public School District	Public School Academy	Private School District	Residential Child Care Institution	Total
	N=554	N=121	N=154	N=43	N=872
No funding to implement the changes	255 (46%)	30 (25%)	36 (23%)	3 (7%)	324 (37%)
No staff with time to implement the changes	174 (31%)	25 (21%)	30 (19%)	1 (2%)	230 (26%)
No staff is really in charge of the implementation	55 (10%)	4 (3%)	8 (5%)	0	67 (8%)
No system in place to track whether the policy is being implemented or not	125 (23%)	14 (12%)	16 (10%)	2 (5%)	157 (18%)
Health and wellness are not a priority in our district	5 (1%)	0	1 (1%)	0	6 (1%)
No barriers	83 (15%)	25 (21%)	63 (41%)	30 (70%)	201 (23%)
Other	95 (17%)	43 (36%)	25 (16%)	5 (12%)	168 (19%)
No response	12 (2%)	5 (4%)	3 (2%)	3 (7%)	23 (3%)

Chart 4:

LEA Perceived Positive Changes With LWP Implementation					
	Public School District	Public School Academy	Private School District	Residential Child Care Institution	Total
	N=554	N=121	N=154	N=43	N=872
Too early to know or none yet	495 (89%)	105 (87%)	120 (78%)	33 (77%)	753 (86%)
Not aware of any positive changes	10 (2%)	6 (5%)	2 (1%)	0	18 (2%)
Healthy eating and/or nutrition education	184 (33%)	17 (11%)	45 (29%)	13 (30%)	259 (30%)

successes					
Physical activity and/or education successes	104 (19%)	19 (16%)	38 (25%)	4 (9%)	165 (19%)
Other successes	58 (10%)	7 (6%)	22 (14%)	6 (14%)	93 (11%)
No response	2 (0%)	6 (5%)	4 (3%)	1 (2%)	13 (1%)

In addition to the above data, many LEAs described additional positive changes since adopting LWP. For example, LEAs reported the following healthy eating and/or nutrition education successes: switching from white to whole wheat products, serving more fresh fruits and vegetables, offering a made-to-order fresh sandwich line, offering healthy choices in vending machines or removing vending machines, healthy fundraisers, and working with parents to encourage them to provide their children with healthy school snacks. The most common physical activity and/or physical education success reported by LEAs was improving or implementing a physical education program. Other physical activity successes reported included implementing programs such as Jump Rope for Heart, Mileage Club, ACES (All Children Exercising Simultaneously), and Recess Before Lunch. LEAs also reported an increased awareness among students, staff, and parents, better communication with parents, and positive partnerships. Many pointed out that the requirements included in the policy were not new, but rather a continuation of what is already in place.

A total of 129 LEAs out of the 345 LEAs contacted by telephone, reported that they did not need any technical assistance. A total of 43 public school districts, 16 public school academies, 52 private school districts, and 18 residential child care institutions reported that they do not need any technical assistance or help from MDE related to implementation of their LWP. Technical assistance included sending LEAs the State Board of Education's Model Local Wellness Policy template.

MICHIGAN SUCCESS STORIES

There are numerous success stories that LEAs in Michigan have to share. Many are posted on the Michigan health tools website located at <http://www.mihealthtools.org/schoolsuccess>. Regardless of enrollment size, facility type, or implementation strategy, Michigan LEAs are embracing change. While this only begins to capture the great work that has been done in Michigan, it is evident that LEAs are making a difference in the health of students.